

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL FORM  
(only for new nonprovisional applications under 37 CFR 1.53(b))

ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

BOX: PATENT APPLICATION

SIR:

Transmitted herewith for filing is the patent application (including Specification, Claims, Sequence Listing (if applicable) and Abstract, 21 pages) of:

Inventor(s): Eric Allan BIER

For : SYSTEMS AND METHODS FOR EDITING A WEB PAGE

**\*\*If a CONTINUING APPLICATION, please mark where appropriate and supply the requisite information below and in a preliminary amendment:**

☐ continuation ☐ divisional ☐ Continuation-In-Part (CIP)  
of prior application Serial No.

Prior application information: Examiner :  
Art Unit :

Enclosed are:

☒ 12 sheets of formal drawings.

☒ Signed Combined Declaration and Power of Attorney (2 pages).

☐ Copy of signed Combined Declaration and Power of Attorney (\_\_\_\_ pages) from a prior application (1.63(d) (for continuation/divisional).

☐ Signed statement deleting inventor(s) named in prior application (\_\_\_\_ pages) (1.63(d)(2) and 1.33(b)).

☐ **Incorporation By Reference:** The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied herewith, is considered as being part of the disclosure of the enclosed application and is hereby incorporated by reference therein.

☒ Assignment (1 page) of the invention to **Xerox Corporation**.

☒ Assignment Transmittal Letter.

☐ Certified copy of a foreign priority document.

☐ Associate power of attorney.

☐ Applicant claims small entity status. (See 37 CFR 1.27.)

☐ Preliminary Amendment (\_\_\_\_ pages).

12/08/00  
jc603 U.S. PTO

jc675 U.S. PTO  
09/731912  
12/08/00

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☒ Information Disclosure Statement, form PTO-1449 (1 page) and 11 references.

☐ **UNSIGNED** Combined Declaration and Power of Attorney (\_\_\_\_\_ pages).

☐ Statement in Accordance with 37 CFR § 1.821(f) and computer readable 3.5" Diskette.

☒ A self-addressed, prepaid postcard acknowledging receipt.

☐ Other:

The Filing fee has been calculated as shown below:

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BASIC FEE	XXXXXXXX	XXXXXXXX	XXXX	\$355	OR	XXXX	\$710
TOTAL CLAIMS	27- 20 =	7	x 9 =	\$	OR	x 18 =	\$126
INDEP CLAIMS	3- 3 =	0	x 40 =	\$	OR	X80 =	\$
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			x135 =	\$	OR	x270 =	\$
*If the Total Claims are less than 20 and Indep. Claims are less than 3, enter "0" in Col. 2			TOTAL	\$	OR	TOTAL	\$836

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